



County of Lackawanna Transit System
 800 North South Road Scranton, PA 18504
 (570) 346-2061 Fax: (570) 207-5050
 www.coltsbus.com

Standard Right-to-Know Request Form

Date Requested: _____ Submitted Via: E-Mail U.S. Mail Fax In Person

Name of Requestor: _____

Street Address: _____ City: _____ State: _____

Telephone: _____ Email: _____

RECORDS REQUESTED: *Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names.*

Do you want copies? Yes, printed copies (default if none are checked)
 Yes, electronic copies preferred if available
 No, in-person inspection of records preferred (may request copies later)

Do you want certified copies of records? Yes (may be subject to additional costs) No

Items below this line are for COLTS use only

Right-to-Know Officer: _____

Date Received: _____ Response Due (5 business days): _____

30 day Ext.? Yes (If yes, Final Due Date _____) No Actual Response Date:

Request was: Approved Partially Approved & Denied Denied

****If the requestor wishes to pursue the relief and remedies provided for in this ACT, the request must be in writing. Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law.**